

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>SW</i> | <i>32</i> | <i>1/30</i> |
| FORMALITY REVIEW | <i>MD</i> | <i>954</i> | <i>2/4/01</i> |
| RESPONSE FORMALITY REVIEW | <i>RM</i> | <i>781</i> | <i>10-02-01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions.
staple additional sheet here

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11-09/15
Res
850
10-02-01